

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	/	/	/	/		
7	/	/	/	/		
8	/	/	/	/		
9	/	/	/	/		
10	/	/	/	/		
11	/	/	/	/		
12	/	/	/	/		
13	/	/	/	/		
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TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS			60			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS